

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003720**

1. Entity Name

FLORIDA ARCHWAY, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90104 010 ***150.00

Principal Place of Business

**100 NO TAMPA STE 3100
TAMPA FL 33602**

Mailing Address

**100 NO TAMPA STE 3100
TAMPA FL 33602**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3456277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VON HORN, BRENT N
100 NO TAMPA STE 3100
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ DeleteNAME **HORN, ROBERT G**
STREET ADDRESS **100 NO TAMPA STE 3100**
CITY-STATE-ZIP **TAMPA FL 33602**TITLE **EVST** ☐ DeleteNAME **TIDWELL, STEVEN A**
STREET ADDRESS **100 NO TAMPA STE 3100**
CITY-STATE-ZIP **TAMPA FL 33602**TITLE **SVCA** ☐ DeleteNAME **PRICE, JAMES D**
STREET ADDRESS **100 NO TAMPA STE 3100**
CITY-STATE-ZIP **TAMPA FL 33602**TITLE **SVCS** ☐ DeleteNAME **SHAFFER, STEPHEN M**
STREET ADDRESS **100 NO TAMPA STE 3100**
CITY-STATE-ZIP **TAMPA FL 33602**TITLE **SVGA** ☐ DeleteNAME **VON HORN, BRENT**
STREET ADDRESS **100 NO TAMPA STE 3100**
CITY-STATE-ZIP **TAMPA FL 33602**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Horn, Pres.

Date

4-17-01

Daytime Phone #

813/225-4650

CR2E034 (10/00)